

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) HCP    ( ) IE    ( ) IC		<b>Response Timely Filed?</b> ( ) Yes    ( ) No	
Requestor's Name and Address Edward Wolski, M.D. / Wol+Med 2436 I-35 South, Ste. 336 Denton TX 75205		MDR Tracking No.: M4-03-8455-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address                      BOX #: 47 American Casualty Co. / Wilson Grosenheider & Jacobs PO Box 1584 Austin TX 78767		Date of Injury:	
		Employer's Name: Texas Instruments, Inc.	
		Insurance Carrier's No.: 3A812730	

## PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
6/24/02	6/25/02	97032, 97039-PH	\$78.00	\$ 0.00
6/27/02	8/9/02	97024, 97032, 97035, 97039-PH, 97113, 97139-PH,	\$588.00	\$104.00

## PART III: REQUESTOR'S POSITION SUMMARY

7/28/03: "Enclosed, please find two copies of medical... The carrier has failed to make proper reimbursement for our charges for various service dates. Our position regarding the denials are as follows... 1) DOS 6/25, and 6/27/02 – The carrier failed to respond in any manner... 2) DOS 7/10/02 – The carrier denied our initial billing... using PEC "D"... 3) DOS 6/24/, 25, and 6/27/02; 7/1, 3, 5, 15, and 7/17/02 – The carrier denied billings for these services with PEC "M"... We advised the carrier by way of our request for reconsideration that we feel our usual and customary charge should be paid... The carrier failed to respond. 4) DOS 7/1/02, 8/5/02, and 8/9/02 – The carrier failed to properly reimburse... Our billing for these dates showed 2 units for the procedures billed... carrier reimbursed for one... We advised the carrier... in our request for reconsideration. They did not respond. Our care has been reasonable, necessary and related to the patient's compensable injury..."

## PART IV: RESPONDENT'S POSITION SUMMARY

8/14/03: Wilson, Grosenheider & Jacobs: "Statement of Disputed Issues: At issue is whether Provider is entitled to additional reimbursement for various physical medicine and rehabilitation treatments and services... for DOS 6/24/02 through 8/9/02... Supporting Documentation:

\* Carrier has reimbursed Provider in accordance with the MFG... CPT code 97032... carrier denied the \$40.00 per unit charge... using denial code 'F'... reimbursement to Provider for \$22.00 per unit...

\* For... CPT code 97024... used denial code 'F' and reimbursed Provider \$21.00 for each unit... substantially less than the \$39.00 per unit charge that Provider billed...

\* Finally, Carrier denied reimbursement using denial code F'... for CPT code 97113... Provider billed for two units... requesting \$64.00 each... Carrier recommended reimbursement in accordance with the MFG at \$52.00 per unit...

- *Provider has not submitted requisite DOP in support of its claim for additional reimbursement.* Provider also seeks additional reimbursement for phonophoresis billed under CPT code 97039-PH... and 97139-PH... Carrier already paid F&R reimbursement for the disputed sessions of phonophoresis... EOB's attached... and payment history attached... according to the MFG, CPT codes... Pursuant to Rule 133.3, fair and reasonable reimbursement... Carrier submits all EOB's and reconsideration EOB's as part of this response..."

**PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION**

- On 6/26/03, MDR received the Requestor's request for additional reimbursement of treatment/services rendered from 6/24/02 through 8/9/02.
- According to Rule 133.307 (d)(1), DOS 6/24/02 and 6/25/02 were submitted untimely to MDR as the file was received on 6/26/03, therefore these DOS will not be addressed further in this Finding and Decision.
- To make the dispute complete, the Respondent provided copies of EOB's (and payment history) according to Rule 133.307 (e)(2)(b) for the DOS in dispute.
- After review of the combination of information received from the Requestor and Respondent, the following conclusions have been determined:

DOS: 6/27/02 – CPT Code's 97024, 97023 and 97113 (x 2) were reimbursed according to MFG, MAR on 7/25/02, therefore no additional reimbursement is recommended.

DOS: 6/27/02, 7/1/02, 7/3/02, 7/15/02 and 7/17/02 – for CPT Code 97139-PH  
Denied with 'M' -was reimbursed according to Fair and Reasonable Rates according to the Respondent. Convincing evidence was not received to support the Requestors usual and customary rates according to Rule 133.1 (a)(8), therefore additional reimbursement can not be recommended.

DOS: 7/1/02 – CPT Code 97032 (x 2) was denied with 'F- Fee Guideline MAR reduction.' One unit was Reimbursed per MAR @ \$22.00. The SOAP notes did not support convincing evidence two units were utilized on this DOS, therefore additional reimbursement can not be recommended.

DOS: 7/10/02 – CPT Codes 97024, 97113 (x 2), 97035 were reimbursed according to MFG, MAR on 7/30/02, paid by check #103810267C, therefore no additional reimbursement is recommended.

DOS: 7/15/02 and 7/17/02 – CPT code 97039-PH (MAR of DOP) was denied with 'M'-No MAR' and reimbursed at \$22.00 each. According to Rule 133.307 (g)(3)(D), the DOP was not substantiated with 'documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement,' therefore additional reimbursement may not be recommended.

DOS: 8/5/02 and 8/9/02 – CPT Code 97113 (x 2) was denied with 'S – Supplemental payment.' Reimbursed, for one unit each day, was made on 5/23/03 according to MFG/MAR @\$52.00 ea. The SOAP notes supported convincing evidence two units were completed on both DOS, therefore *additional* reimbursement recommended for the 2<sup>nd</sup> unit:  
8/5/02 – 97113 x 1 unit @ \$52.00

8/9/02 - 97113 x 1 unit @ \$52.00

Total Due: **\$104.00**

**PART VI: COMMISSION DECISION AND ORDER**

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$104.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

6/23/05

Authorized Signature

Name

Date of Order

**PART V: YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, PO Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

**PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION**

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_